

Registration- ALL CAMPERS

Day Camp at Camp Paddy Run, June 22-26, 2026



DEADLINE FOR THIS FORM: June 5th REGISTER NOW!

Day Camp is open to all youth going into grades 1- 12 in the fall of 2026.

Camper: _____ Grade (next fall) _____

Sex: _____ Age: _____ T-shirt Size: *circle one* Youth sizes: S M L Adult sizes: S M L XL XXL

Birthday: _____ Home Church: _____ Phone: _____

Address: _____ Email: _____
(street/route) (city) (State) (zip)

Parent's/Guardian's Name: _____

First time at Day Camp? Yes No Did he/she come with a friend? Name: _____

In case of emergency, contact: Name: _____ Phone: _____
 Relationship to camper: _____

TRANSPORTATION: How will your camper get to camp? **Choose only ONE option from the following:**

Bus/Van pick-up & drop off. See the brochure for location, drop-off and pick-up times.

Check which location: Lebanon Church Baker Post Office Big Blue Teen Center

Direct to CAMP: I will drop off and pick up directly to Camp Paddy Run. They will not be riding on the van.

Camper will ride in a personal vehicle with (camper or adult name) _____

CAMP RULES AND DISCIPLINARY POLICY: I understand that by registering my child to attend Day Camp at Camp Paddy Run, I am entering into a covenant with the Day Camp at Camp Paddy Run Ministry Team in which I agree to abide by the polices of the camp as stated in the Day Camp brochure and this registration / medical form. In case of severe disciplinary problems, I understand that I will be called to pick up my child at the Camp. If my child is traveling from West Virginia, he/she has permission to travel with the group to Camp Paddy Run in Virginia. **THIS SIGNED FORM IS DUE BEFORE PARTICIPATION IN THE EVENTS AND ACTIVITIES OF DAY CAMP.** *Signature space can be found at the bottom, opposite side of this form.*

Photo release: Photos are taken frequently at this event and used on Facebook and for marketing materials. Your signature implies consent to this policy, unless you express otherwise to members of the staff and ministry team.

***** Please make checks payable to: ***
 'Mt. Hope Day Camp'**

Mail this form & payment to:
 Mt. Hope Day Camp
 Attn: Maxine Caperton
 1429 Coal Mine Rd
 Strasburg, VA 22657

Financial assistance is available in the event you are unable to afford the registration fees.

Please use donated scholarship funds to pay for this camper's registration fees.

Payment information

Camper registration: \$75 per camper \$ _____

Additional donation:

Please accept this additional donation to help fund scholarships for campers. \$ _____

Teen overnight: (grades 7 - 12 only)
 extra fee: 1 night: \$10; 2 nights: \$20

\$ _____

TOTAL AMOUNT ENCLOSED:

\$ _____

****Make checks payable to 'Mt Hope Day Camp'**

****OVER: Medical Information & Release for ALL CAMPERS:** Please complete the back of this form. Parent or Guardian, be sure to sign the release at the bottom of the page.

Medical Information- ALL CAMPERS Deadline is June 5th!

Is this camper in general good health and able to participate in all normal camp activities? __YES __NO

In 'No' please explain: _____

Does your child have problems with any of the following?

Hay Fever	Fainting	Penicillin	Bee Sting	Convulsions
Asthma	Poison Ivy	Sulfa	Allergies	
Other (name) _____:				

If any of the above is YES, please submit a statement of how the child has been treated and with what medication. Proper medication must be brought to camp and given to camp nurse or counselor.

Food/Allergy Restrictions: _____

Does this camper know how to swim? Yes No

If the camper is to use an inhaler or epi-pen, please be sure it is sent to the camp every day and notify his/her counselor. **A Registered Nurse will be onsite the entire week of camp, including the overnights.**

Please attach a note to indicate any physical, emotional, or psychological problem that will help us provide the best possible experience for your camper.

Insurance Information- ALL CAMPERS

INSURANCE AND MEDICAL SERVICES: **THE CAMPER'S FAMILY HEALTH INSURANCE IS USED FIRST.** Camp insurance covers only if there is no family insurance. In case of emergency, the Day Camp uses available physicians in Strasburg, Stephens City, VA, and the Winchester Medical Center in Winchester, VA. We are approximately 3 miles from the Star Tannery Volunteer Rescue Squad.

Family Health Insurance Company: _____

Policy No.: _____ Date: _____

Do you authorize Day Camp 2026 to approve medical treatment? Yes No

In case of emergency, I understand that every effort will be made to contact parents or guardians of the camper. I acknowledge that participation in the activities described in the Day Camp 2026 brochure involves risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury or death.

In consideration for the opportunity to participate in Day Camp 2026, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the activity. I accept personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the volunteers or any other representative of the 'activity sponsor.' Further, I release and promise to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs or videos including my child in camp publicity; for my son or daughter to be transported in privately owned vehicles to and from the camp which is in Virginia, and for the release of medical records in case of illness or accident.

Signature of Parent or Guardian: _____

Date: _____